

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 05/23/2014

Street: 271 N. Cook St.

Incident #: 14ISPC4294

Apt, Lot, Room #:

County: KOS/43

City: Warsaw, IN 46580

Type of Laboratory Seizure (check one)

- ☐ Lab Seizure
☒ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open - No Structure
☐ Vehicle ☐ Business
☒ Other: Shed

Apt., hotel, multi-family dwelling: Shared IIVAC: ☐ Yes ☒ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Flammable Solvents: Shed
☒ Water Reactive Metal (Lithium): Shed
☐ Anhydrous Ammonia: _____
☐ Corrosive Acid: _____
☒ Corrosive Base: Shed
☐ Ammonium Nitrate/Sulfate: _____
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray
☐ unclean
Estimated length of time manufacturing had been occurring: unknown
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____ Make: _____
VIN: _____ Model: _____
Year: _____ Color: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: Warsaw Fax: 574-267-7962
Health Department County: Kosc Fax: 574-269-2023
Department of Child Services Hotline: deshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Kaizer 5032/Kellar 77 Phone ISP/WarsawPD

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.